MARGIN RESERVED FOR BINDING

# STATE OF MARYLAND-CERTIFICATE OF DEATH

04287

1. PLACE OF DEATH			J21)	0 2
County VY as	ninaton		Registration Dist. 1	ND 30 2
Village or City				
	1	(1)	ND. HIE ANYICKOW, deland of death occurred in a hospital or institution, give its NAME instea	d of street and number)
Length of residence in city or t	town where death occurred	yrsmos	ds. How long in U.S. if of foreign birth?	yrsds.
2. FULL NAME He	nxietta III	axia F	fsh	
(a) Residence: No. 14	. E Anxiel	(0)	St., 3 Ward.	
(2) ************************************	(Usual place		If nonresident give cit	y or town and State
PERSONAL AND S	TATISTICAL PARTI	CULARS	MEDICAL CERTIFICATE OF	DEATH
3. SEX 4. COLOR OR	RACE 5. SINGLE, MARI	RIED, WIDDWED,	21. DATE OF DEATH	111 2
Female Vyh.)	V - 1	(write the word)	(Month)	Day) (Year)
5a, If merried, widowed, or divorced			· · · · · · · · · · · · · · · · · · ·	
HUSBAND of (or) WIFE of	iam C.		1 HEREBY CERTIFY, Th	at I attended deceased from
		. Cl	Dec. 5, 1928, 10 april	27, 1922
6. DATE OF BIRTH (month, day, and		182.5	I last saw h 92 elive on 4711	, 1933; death is said
7. AGE Years	Months Deys	If LESS than  1 day,hrs.	to have occurred on the date stated above, at	1.
861	2 15.	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of in were as follows:	Date of onset
8. Trade, profession, or particula kind of work done, as SP SAWYER, BDOKKEEPER, e	INNER, Hans		arleris solarons	12-5-18
	tc. Houseu	n. Le	Cleronic fort. nepporter	12-5-28
9. Industry or business in which work was done, as SILK M SAW MILL, BANK, etc	AILL,		alote ansoffering	7-21-3
U 10. Date deceased last worked at	t 11. Totel ti	me (years)	Spend Helerond	10-10-31
10. Date deceased last worked at this occupation (month any year)	Spen occu	pation 30 445		
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	01		Dither Contributory Causes of importance:	4-9-33
12. BIRTHPLACE (city or down) (State or country)	Croar spri	v d	Chita Contra	7-1-33
			- Disconfinsolon	
Ĭ.	01	pp		
14. BIRTHPLACE (city or town) (State or country)	Mrs low	N. G	Name of operation	Oate of
	11100	lai	What test confirmed diagnosis?	Was there an autopsy?
15. MAIOEN NAME	abeth Le	11. ngev	23. If death was due to external causes (VIOLENCE) fill in als	o the following:
15. MAIOEN NAME  16. BIRTHPLACE (city or town)	VY:Iliams	port	Accident, suicide, or homicide? Date of	injury, 19
≥   (State or country)	S 111 d.	-	Where did Injury occur? (Specify city or town,	county and State)
17. INFORMANT (Address)	S. Itsh	ch.	Specify whether injury occurred in INDUSTRY, in HOME, or	In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOV			Manner of injury	************
Place Hageyst	own Date Hym	EE1, 17	Nature of injury	
TIKO	L D DOG VYO			damand?
19. UNDERTAKER The CANADA CANA	of two	- \0- \	24. Was disease or Injury in any way related to occupation of	deceased(.
16.10- 2	2 f /2 14 12	D. VN.0	(Signed) Ly - Novan des	al.
20. FILED	1 Sherd 11 St	Perlet	1/	M.D.
		Registrar.	(Address) De la	

Dryeager

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Example I	î	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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		G9712033		
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s	ds.	low long in	U.S. if of f	n, give its NAM foreign birth?	yrs	mo	sds.
	St.,	Ward.					
N					it give city or		State
-				RTIFICAT			-
21.	DATE	OF DE	AIH	Apri	1 21,		. 193
				(Month)	(Dey)		(Year)
22.	1	HER	EBY	CERTIF	Y, Thet I	ettended	deceesed from
			, 1	9, to			, 19
118	ast saw h	elive	e on			., 19	; death is said
to	have occur	red on the d	ate stated	above, at_11	. 50m. P		
				end releted ceu			
we	ere es follos	NS:					Date of onset
		17721	-A 2-				
	St	1-1-1-D-1	TT-D-	-			
	St	11101	rtn	•			
	5-Moi	nth G	esta	tien			
	5 Mor	nth G	esta Caus	tien-			
	5 Mor	nth G	esta Caus	tien-			
	5 Mor	nth G	esta Caus	tien-			
	5 Mor	nth G	esta Gau-s	tien-			
	5 Mor	ath G arel outory Cause	esta Caus of import	tien-			
Ot	5 Moi	ath G 1791 outory Cause	esta Caus of import	tien			
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Ot Ne WI	5 Not Natu ther Contrib	ath-G 1791 outery Cause etion	esta Cau-8 of import	tien	Was	Date of	u'opsy?
Ot	5 - NO1 Natu ther Contrib	ath G 1791 etion	Cause of import	tien	Was	Date ofs there an a	u'opsy?
Ot	5 - NO1 Natu ther Contrib	ath G 1791 etion	Cause of import	tien	Was	Date ofs there an a	u'opsy?
Ot Ne W1 23.	5 NOT Natu ther Contrib	ath G 1791 etion	CAU-B continues	tien	Was fill in elso th	Date of there an a	u'opsy?;
Ot Ne W1 23.	5 MOI NATU ther Contrib	etion	esta Cau-8 of import	tiones-ance:		Date of; there an a	u'opsy?
Ot Ne W1 23.	5 MOI NATU ther Contrib	etion	esta Cau-8 of import	tien		Date of; there an a	u'opsy?
Ne William Ac William Sp	Not Not ther Contrib eme of oper het test con If death we coident, suic here did inj	etion ifirmed diagr is due to extended, or homioury occur? her injury occur?	esta Cau-e of import nosis? cide?	Specify city of INDUSTRY, in H	Was fill in elso th Date of inju or town, coun	Date of	u'opsy?
Ne Will 23. Acc Will Sp	5 Not Not ther Contrib	etion	CAU-8 of import	Specify city of INDUSTRY, in H	Was fill in elso th Date of inju or town, coun IOME, or in P	Date of s there an a e following iry	u¹opsy?: ,19
Ne Will 23. Acc Will Sp	5 Not Not ther Contrib	etion	CAU-8 of import	Specify city of INDUSTRY, in H	Was fill in elso th Date of inju or town, coun IOME, or in P	Date of s there an a e following iry	u¹opsy?: ,19
Ne William Sp Ma	5 NOT  Note ther Contrib  me of oper het test con If deeth we coldent, suic here did inj becify wheth anner of injuntature of	etion	CAU-8 of import	Specify city of INDUSTRY, in H	Was fill in elso th Date of inju or town, coun IOME, or in P	Date of; there an a e following	u/opsy?
Ot Ne Wil 23. Acc Wil Sp Min Na 24.	5 NOT Natucher Contributions of operated test con If deeth we excident, suice there did injudently whether the did injudently whether the contribution of injudently was diseased.	etion	CAU-S of import nosis? ernel cause icide? curred in	es (VIOL ENCE)  (Specify city of NDUSTRY, in F	Was fill in elso th Date of inju or town, coun IOME, or in P	Date of; there an a e following	u/opsy?

V. S. No.

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	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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MARGIN RESERVED FOR BINDING

V. S. No. 1

PLACE OF DEATH County Pashington	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City fagerstown (No Pashing 2FULL NAME Freston By WE	Registration Dist. No. 302  Registration Dist. No. 302  (If death occurred in a hospit. 1 or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE MARKIED, WIDOWSO, WIDOWSO, CED OR WINDERCED (Write the world)	16 DATE OF DEATH Offil 14, 1933  (Month) (Day) (Year)
6 DATE OF BIRTH Luly 2 and (Day) (Year)	17 HEREBY CERTIFY, That I attended the deceased from 1929. to 1933, that I last saw h   Malive on Qual 13, 1933
7 AGE 49 yrs. 9 mos. 12 ds. or min.?	and that death occurred on the date stated above, at 6 30Pm. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry	Diabetes melletins
business, or establishment in which employed or (employer)	(Duration) 3 yrs. 6 mos 57ds.
9 BIRTHPLACE (State or opening) 10 NAME OF FATHER GAMES  11 BIRTHPLACE  11 BIRTHPLACE	Secondary  Secondary  Secondary  Muration  Signed  M. D.  Opr/14/9333(Address)  Secondary  M. D.  R.
OF FACHER  (State of MINISTER ABELLA SILES  13 BIRTHPLACE  OF MOTHER  OTHER  OF MOTHER  OF MOTHER  OTHER  OTHE	V *State the Lisease Causing Doath, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place
(State or country)  14 THE ABOVE IS THE LOTHE SEST OF MY KNOWLEDGE	of death yrs. mos of the State yrs. mos. ds.  Where was disease contracted file of death? State yrs. mos. ds.
(Interment oling Crum Bullon (Address) Green Ca Illes Pa.	edar Hill Centry april 171953
Filed $H - 15^-$ 192 336 Kasting rues Registrar	David Marline Grent 16, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.
it more manks are necded, address prate negistrat	I to all particular and marroll tradecious?

(Approved by U. S. Census and American Public Health Association.)

tion Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. cupation is very important, so that the relative healthstate or upation at beginning of illness. If retired from definite salary, may be entered as Housewife, Housework, or At Home, and children, not gainfully emlaborer, form ranson, who are engaged in the duties of the nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer. the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever write None. or given up on a count of the DISEASE CAUSING DEATH, gaged in donn tic service for wages, as Sommi, Cook, "
However detail if the occupation has been changed to report s cincally the occupations of persons enployed, as Al school, or Al home. Care should be taken er," etc. worked on may form part of the second statement. Never return "Laborer," "Toroman," "Manager," "Dealhousehold only (not haid Housekeepers who receive a hysicia, applies to each and every person, irrespective of Foreman, For many occupations a single word or term on Por laborer. (b) Cotton mill; (a) Salesman. that fact may be indicated thus; Farmer (rewithout more precise specification as Day on positor For persons who have no occupation (6) Stationary fireman, etc. But in many a) the kind of work and also (b) the Automobile jactory. The Architect, Laborer Coul mine, etc. Locomotive (b) Grocery; material engineer, Wom-

Statement of Cause of Death—Name, first, the principle of the principle of the principle of the same accepted term in the same diselve. Examples: (\*crebrospinal feror (the en') definite synonym is "Epidemic cerebroginal rubingitis"; Diphtheria avoid use of "Croup"); Typhoid foor never report "Typhoid Pneumonia,"

"Exhaustion," "Marasmus," "Old Age,
"Inanition," "Weakness," etc., when a definite disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicucmia," "PUERPERAL peritonibis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy." "Collapse," "Coma," "Convulsions," stated unless important. use of "Tumor" for malignant neoplasms); "Debility" ("Congenital," as fracture of skull, and consequences e.g., sepsis, televal, may be stated under the head of "contributory." carbolic acid - probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Formed by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway trainperilonacum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, . 'name origin; "Cancer" is loss definite; avoid FOR VIOLENT DEATHS state MEANS OF INJURY by for which surgical operation was under-'Congenital,' "Senile,' etc., "Dropsy,",
"Heart failure," "Haemorrhage," Committee on Nomenclature Chronic Example: Meusles (disease etc. valvular heart The contributory disease; Mousles;

At this certificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the data is executed and must be obtained before the certificate is permanently filed.

mobing with 826

(10-1)
Registration Dist. No. 50 2
No. Hashington Co. Hogbital St. 3 Ward
death occurred in a hospital or institution, give its NAME instead of street and number)
ds. How long in U.S. if of foreign birth?yrs,mosds.
St., Ward.
If nonresident give city or town and State
MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH april 19
(Month) (Day) (Yaar)
22. / I HEREBY CERTIFY. That I attended decaased from
22. I HEREBY CERTIFY. That I attended decassed from Office 13, 1983, to 6, 19, 33
to mare occasion on the date stated shows, attack
The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
freezewa fre of skeep Date of onest
Tell fear truck stiking
The fire an Porceaut
the second
Othar Contributory Causes of Importance:
Meenegees
Name of operation Date of
What test confirmed diagnosis? Licea & Kery Was thara an aulopsy?
23. If daath was due to external causes (VIDL ENCE) fill in also the following:
Accident, suicide, or homicide? Cae Calut Date of injury 413 , 193
Where did injury occur? Der Sterent Hogerland
(Specify city or town, county and State) Specify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
opens whether injury occurred in industri, in nome, of in public place,
Manner of injury Fell Jean Week
4
Nature of injury Testlet & Speece
24. Was disease or injury in any way related to occupation of dacaased?
If so, specify
(Signed) A. Ho. Que M. D.
H
(Addrass)

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ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Date of enset

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9.—The industry or business in which the work was done.

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Example I	1	Example II	7000
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:	1 year

ADDITIONAL SPAC	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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# STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE O	F DEATH			23	
County	Washingt	on		Registration Dist. No.	0>
	ity Hagersto	PINELIA OF		No. 45 North Street St. death occurred in a horpital or institution, give its NAME instead of street	
length of res	idence in city or town where	death occurred 7		death occurred in a horpital or institution, give its NAME instead of streetds. How long in U.S. if of foreign birth?	
2. FULL NA					
	ice: No. 45 Nor		y Carter	St 5 Ward	
(a) Kesider	ice: No	(Usual place		If nonresident give city or town	and State
PERSON	NAL AND STATIST	TICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEAT	н
s. sex Female	Colored	5. SINGLE, MAR OR DIVORCE Sing	RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH  April 6,  (Month) (Day)	, 193 <b>3</b>
5a. If married, widow HUSBAND of	ved, or divorced				
(or) WIFE of				1 HEREBY CERTIFY. Thet latter	aded deceased from
6 DATE OF RIPTH	(month, day, and yeer)	April '	7, 1917	I lest saw h & alive on march 15 19.	3.3 : death is said
7. AGE Yes	ars Months	0ays 29	if LESS than I day,hrs.	to have occurred on the date stated above, at 3:15Am.  The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8 Trade profe	reinn or narticular		ormin,	were as follows:	Oate of onset
kind of SAWYER	work done, as SPINNER, BOOKKEEPER, etc	chool Cl	hild	Mulmonary	
Industry or work we	business In which is done, as SILK MILL,			Suberculosis	1932
S SAW MI	LL, BANK, etc	L II Total I	time (years)		
	pation (month end	spa spa	nt in this		
AS DIDTIDI ACE /-	ity or town)Hager	et own		Other Contributory Causes of Importance:	
(State or cou		-5.40WIL			
13. NAME	not The	unn			
13. NAME  14. BIRTHPLACE	E (city or town)		_	Name of operation	of
(State o	r country)			What test confirmed diagnosis hypical byam Was there	e an autopsy? 2
15. MAIOEN NA	AME Mary	MILL		23. If death was due to external causes (VIOLENCE) fill in also the folio	owing:
0 16. BIRTHPLACE	E (city or town)	agerse	unc	Accident, suicide, or homicide? Date of injury	, 19
Z (State o	r country)	1 111-a	-12	Where did injury occur? (Specify city or town, county and	d State)
17. INFORMANT (Address)	Hagers	Lawy	V Med	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLI	C PLACE.
18. BURIAL, CREMA	2. / / . //			Manner of injury	
Place /	ayoutes. I	d. Date Apr	i.l8, 19.33	Nature of injury	
	Fred W. Kra			24. Was disease or injury in any way related to occupation of deceased	17 hr
(Address)	Hagerstown,	Md.		If se, specify	
20. FILEO.	1-,1900	ROSTI	Sovere	(Signed)	ma M. D.
			Registrar.	(Address) - / Agent was	1.7.00.4

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BULEAU V 8			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

# STATE OF MARYLAND-CERTIFICATE OF DEATH

04295

	shingto	n		Registration Dist. No. 30 Z
	BALBIN CARL			Registration Dist. No.
age or City	lagersto	OEVIN PINI.	(16	Not 06 N. Jonathan Street St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
th of residence in c	ity or town whera	death occurred 6	O_yrs,mos	ds. How long in U.S. If of foreign birth?yrsmos ds
L NAME	Eliza	Crew		
			n Street	St. 5 Ward.
				If nonresident give city or town and State
RSONAL AN	ID STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
		OR DIVORCE	D (write the word)	21. DATE OF DEATH  April 22, (193) (Year)
ND of	orced			22. I HEREBY CERTIFY. That I attanded deceased from
Dimmer ( )			1851	I last saw h. Av alive on fly 1933; death is sain
Years	Months	Days	If LESS than	to have occurred on the data stated above, at 2 30 Pm.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance
			ormin.	wera as follows:
de, profession, or p kind of work done,	articular as SPINNER,	lome Wer	7-	Throw C Endo Carditio 2
ustry or business in	n which	omewor	K	" lefhitio. "!
work was done, as:	SILK MILL.			
e deceased last wo	rked at	11. Total t	ime (yaars)	
		oca	u pation	Other Coutributory Causes of importanca:
	Washing Md.	ton Cou	nty	Other Coursewory Causes of Importança:
we Thoma	s Crew			
	wm) Washi	ngton C	ounty	Name of operation Date of
DEN NAME M	ahala H	ill		What test confirmed diagnosis? Was there an au'opsy? Was there and au'opsy?
THPLACE (city or to	Wm) Washi		ounty	23. If death was due to external causas (VIOL ENCE) fill In also the following:  Accidant, suicide, or homicida?
			****	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
CREMATION, OR F	REMOVAL	10111		Manner of injury
Hagerst	own, Md	a Date Apr	25., 1933	Nature of injury
				24. Was disease or injury in any way related to occupation of deceased? PLO  If so, specify
4-24	19336	East	Registrar.	(Signed) / Line Duille DR. VICTOR D, MILLER
	Residence: No.  RSONAL AN  4. COLC  A C C C C C C C C C C C C C C C C C C	Residence: No. 406 N.  RESONAL AND STATIST  4. COLOR OR RACE  ALE COLOR OR RACE  ALE COLOR OR RACE  AND OF  FEIRTH (month, day, and year)  Years Months  81  Ide, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  ustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  te deceased last worked at this oecupation (month and year)  PLACE (city or town) Washing to or country)  ME Thomas Crew  THPLACE (city or town) Washing (Stata or country)  ME THOMAS Crew  THPLACE (city or town) Washing (State or country)  ANT Sophia Crew, crew, CREMATION, OR REMOVAL  Hagerstown, Md  AKER Fred W. Kra	Residence: No. 406 N. Jonatha (Usual place RSONAL AND STATISTICAL PART  4. COLOR OR RACE Colored S. SINGLE, MAP OR DIVORCE Sing ed, wildowed, or divorced AND of OIFE of  F BIRTH (month, day, and year)  Years Months Bl  Get, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Home Wor ustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  LACE (city or town) Washington. Country or country)  Md Thomas Crew  THPLACE (city or town). Washington. C (Stata or country)  Md THPLACE (city or town). Washington. C (State or country)  Md  ANT. Sophia. Crew, dress) Hagerstown, Md  CREMATION, OR REMOVAL  Hagerstown, Md  ARER Fred W. Kraiss	Residence: No. 406 N. Jonathan Street  (Usual piace of abode)  RSONAL AND STATISTICAL PARTICULARS  A. COLOR OR RACE  A. COLOR OR RACE  A. Wildowed, or divorced No. 1 Colored  BIRTH (month, day, and year)  Years  North was done, as SPINNER, SAWYER, BOOKKEPPER, etc.  Let deceased last worked at this occupation (month and year)  Let deceased last worked at this occupation (month and year)  LACE (city or town) Washington County  CIACE (city or town) Washington County  (State or country)  Md.  ANT Sophia Crew  CREMATION, OR REMOVAL  CHARER Fred W. Kraiss  ALSE ARE Fred W. Krais ARE FRED ARE ARE FRED ARE ARE ARE ARE ARE

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The second secon			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

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04296

County Washingto	<u> </u>	Registration Dist.	No. 0 0 1
Village City William	sport Md	No. death occurred in a horpital or institution, give its NAME inste	Mard
Length of residence in city or town whara o		ds. How long in U.S. if of foreign birth?	
2. FULL NAMEStill	hirth- Crist	· · · · · · · · · · · · · · · · · · ·	
(a) Residence: No.		St., Ward.	
(a) Residence. No.	(Usual place of abode)	If nonresident give o	city or town and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
SEXXXX 4. WHI TO RACE	S. SINGLE MARRIED, WIDOWED, OR DWORG: A write tha word)	21. DATE OF DEATH April 13	3.1933 <sub>193</sub> (Year)
. If married, widowed, or divorced HUSBAND of (or) WIFE of  XXXXX	xxxx	22.   HEREBY CERTIFY, T	
A	pril, 13, 1933	I last saw h alive on	
AGE Stillbirth Months	Days If LESS than 1 day,	to have occurred on the date stated above, at 3 • 30	2A • M
30111011011	ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causes of ware as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER,	none	No medical attends	nce
SAWYER, BOOKKEEPER, etc		( Midwife )	
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	none	Natural Causes	
1d. Date deceased last worked at this occupation (month and year)	11. Total tink (Vears) spent in this occupation	(Stillbirth-2Months	3)
Z. BIRTHPLACE (city or town) (State or country)		Othar Contributory Causes of importance:	
I AT OF CHICK		-	
13. NAME Williamsp	ort Md		
13. NAME WILLIAMSD		Name of oparation	
(State of Country)		What test confirmed diagnosis?	Was thara an autopsy?
15. MAIDEN NAME Martha  16. BIRTHPLACE (city or town)	Anderson	23. If death was due to external causas (VIOLENCE) fill in a	
16. BIRTHPLACE (city or town)	aryland	Accident, suicide, or homicide? Date	of injury, 19
(State or country)		Where did injury occur? (Specify city or town	, county and State)
7. INFORMANT Arley Cris	t	Specify whether Injury occurred in INDUSTRY, in HOME,	or In PUBLIC PLACE.
(Address) Willia	nsport Md		<b></b>
8. BURIAL, CREMATION OF STANDART	Md April 13,	Manner of Injury	
Albert Lead	2000	24. Was disease or injury In any way related to occupation	of deceased?
9. UNDERTAKER W1111 om []	ort Md / /	If so, specify A & A A	n / /
0. FILED April 13, 1983 6.	6. Richard	(Signed) G. Obichard, I	mishort, All

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Example I	AND DESCRIPTION OF THE PERSON	Example II	
The principal cause of death and related ca of importance were as follows:	uses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

tance:

BINDIN

RESERVED

MARGIN

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E	cample I		Example II	
The principal cause of dea of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	-7 V.	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	RUBER	July 5,1927	Peritonitis	3 days ago
Other contributory causes	of importance:	- 21	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

(131)	
Registration Dist. No. 36	2
No. St.	Word
(If death occurred in a hospital or institution, give its NAME instead of street and	Ward number)
nosds. How long in U.S. if of foreign birth?yrs,	
Wades	
CA Ward	
St., Ward.  If nonresident give city or town an	d State
MEDICAL CERTIFICATE OF DEATH	- Continues - Continues
21. DATE OF DEATH	
Hw 19.	1933
(Month) (Day)	(Year)
22. COLLEGE CERTIFY That I attended	d deceased from
19, 10	1 19.0
I last saw hear alive on Que 18, 193	; death is said
to have occurred on the date stated above, atm.	
The PRINCIPAL CAUSE OF DEATH and related causes of importance	
were as follows:	Date of onset
0	
(cielias hemourhas	
Chronic nephritis: duration, a years.	
S	
Other Contributury Causes of Importance:	
Hyperteneron , replietes	
Name of contation Annual Date of	
Name of operation	Tes
What test confirmed diagnosis? Was there an	
23. If death was due to external causes (VIOL ENCE) fill in also the following	•
Accident, suicide, or homicide? Date of Injury	, 19
Where did injury occur? (Specify city or town, county and St	ate)
(Specify city or town, county and St. Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC P.	LACE.
Manner of injury	
Nature of injury	
24. Was disease or Injury In any way related to occupation of deceased?	ho
If so, specify	"
(Signed) / Trather	
(Address) Hoeratown	The
Or Charles Street Relainment Promote - 41 C No.	

20. FILED

Registrar.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

V. S. No.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS	S BY PHYSICIAN

MARGIN RESERVED FOR BINDING

# STATE OF MARYLAND-CERTIFICATE OF DEATH

04299

1. PLACE OF DEATH	93-0
county Washington	Registration Dist. No.
Village or City 16 q 2 x 5 70 wm	No. 118 Expxth, St., 4 Ward
Things of only 11 to 12	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred	os. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Samuel Delyow	
(a) Residence: No. \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	St., of Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Male While Married	(Month) (Month) (Month) (Month)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Sarah.	1 HEREBY CERTIFY That lastended deceased from
	March 28, 1933, to april 17, 1933
6. DATE OF BIRTH (month, day, and year) 100 30 1848	I last saw h alive on upril 17, 1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
7 1 1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER.	
kind of work done, as SPINNER, Superin Y and out	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	Chronic Myocardons 1932
10. Date deceased last worked at this occupation (month and spent in this occupation (month and spent	
this occupation (month and year) Yrom 21-1933 spent in this x 4 YS	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) DRO VEY CYPEK	Other Contributory Causes of Importance:
(State or country)	General de distangueles ;
II 13. NAME Leonard H. Detrow.	
13. NAME Leon and H. Detrous.  14. BIRTHPLACE (city or town) Deaver Creek.	Name of operation
(State or country)	What test confirmed diagnosis? Wes there an autopsy? The
15. MAIDEN NAME SO KO IN TOURN MEISON	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Beaver Creek	Accidant, suicide, or homicide?
16. BIRTHPLACE (city or town) Deaven Creek  (State or country)	Where did injury occur?
17 INFORMANT AYITMAN F DOTYON	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Hageystown, md	openi) whether injury occurred in Moostki, in nome, of in Poblic Place.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placet agerstownmd Date 17 pr 20, 1933	Nature of Injury
5 × 0000	
19. UNDERTAKER AND LOCAL X MORE MANAGEMENT (Address)	24. Was disease or injury in any way related to occupation of decoded?
(Address) Hagey stown, my	If so, spacify
20. FILED 7 1900 C KLOST 1000000000000000000000000000000000000	(Signed) Magerstown M. D.
Registrar.	(Address) Tugusum IIIO

PRR. ABEI

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill." etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		THE PROPERTY OF THE PROPERTY O	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

item of infor-PHYSICIANS should state Exact statement of OCCUPA-TH UNFADING INK-THIS IS A PERMANENT-RECORD. Every mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Ex MARGIN RESERVED FOR BINDING TION is very importent. See instructions on back of certificate. N. B.-WRITE PLAINLY, W

V. S. No. 1

SIAIL OF MARYLAND—	CERTIFICATE OF DEATH	300
County Washington	Registration Dist. No. 3A	3-
Village or City That I said	ND. St., death occurred in a hospital or institution, give its NAME instead of street and no	Ward
	ds. How long in U.S. if of foreign birth?yrsmos	
2. FULL NAME Laura Jane Die	ck	
(a) Residence: No. Mt (Usual place of abode)	St., Ward.  If nonresident give city or town and S	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVERCED (write the word) 5. If married, widowed, or divorced	21. DATE OF DEATH  (Month)  (Dey)	193 3 3 (Year)
HUSBAND of John E. Dick	HEREBY CERTIFY. That lettended d	leceased from
6. DATE OF BIRTH (month, dey, end yeer)  7. AGE  Years  Months  Deys  If LESS than 1 day,hrs.	to heve occurred on the date stated above, et 12-15 m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance	; death is seid
8. Trade, profession, or particuler kind of work done, es SPINNER, SAWYER, BDDKKEPER, etc.	were es follows:	Date of onset
SAWYER, BDDKKEEPER, etc. SAW MILL, BANK, etc. SAW MILL,	Cln. Interculoris	1903
this occupation (month and year) Manelet 1-9-3-3 spent in this occupation . 30.410	Dither Contributory Causes of importence:	
(State or country) Wash, Co. Md.		
14. BIRTHPLACE (city or town) 7 red. Co.	Name of operation Dete of	
(State of country)	What test confirmed diagnosis? Wes there an eu	ı'opsy?
15. MAIDEN NAME Revisea ambrose  16. BIRTHPLACE (city or town) 2 red Co.  (State or country) md.	23. If death wes due to externel ceuses (VIDLENCE) fill in elso the following:  Accident, suicide, or homicide?	, 19
(Address) Mt. Lua Md. Brondono R. 1)  18. BURIAL, CREMATION, OR REMOVAL  Plece Mt. Lena Date April (151, 19.23)	Menner of injury	
19. UNDERTAKER TOMO. Bast & Sou (Address) Boonson md	24. Wes disease or injury in eny wey related to occupation of deceesed?	20
20. FILED April-15: 19-33 Chellian - Bask Registrar.	(Signed) All Sellon	M. D

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUWAN V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

r te r	STATE OF MARYLAND—	CERTIFICATE OF DEATH 04301
infor- state UPA-	1. PLACE OF DEATH	956
O	county Mashing low,	Registration Dist. No.
item of should of OCC	Village or City Space Cocl 6	No. St., Ward
	Length of residence in city or town where don'th occurred wrs pos.	death occurred in a hospital or institution, give its NAME instead of street and number)  How long in U.S. if of foreign birth?
CORD. Every PHYSICIANS oct statement	2. FULL NAME to the Sechand	1) obsou
D. F SIC tate	(a) Residence: No. 24. Main	St., Ward.
RECORD. PHYSI Sxact stat	(Usual place of abode)	If nonresident give city or town and State
RECC. PF	PERSONAL AND STATISTICAL PARTICULARS  3. SEX. 4. COLOR OF RACE 5. SINGLE MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
	3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	(Month) (Day) (Year)
DING (ANENA CT)	5a. If married, widowed, or divorced HUSBAND of Cor) WIFE 61 Leverale R. Dobson	22. 1 HEREBY CERTIFY, That I attended deceased from
BIN EX EX y cla	6. DATE OF BIRTH (month, day, and Mar 26th 1865	I last saw h alive on
R B	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
FOR B IS A PE stated E properly certificate	68 0 9 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
70	8. Trade, profession, or particular kind of work done, es SPINNER Mes chasel Relieved	()
	9. Industry or business in which Lawrengton 81 work was done, as SILK MILL,	Exeast allask
VK-T should it may n back	SAW MILL, BANK, etc.	
Si ti mato	10. Date deceased lest worked at this occupation (month end year) year) occupation to the coupation the deceased lest worked at this occupation occupation to the coupation occupation occupation to the coupation occupation occupatio	
RE ING I AGE that ions	The acit of State	Other Cuntributory Causes of importance:
RGIN VFADI plied. rms, so nstructi	(State or country),	Aprile Indiorsting
ARGIN RI UNFADING upplied. AGI terms, so that instructions	13. NAME , Nobson.	
A D d a	14. BIRTHPLACE (city or town)	Name of operation Date of
ITTH IIIy si plain See	(Cities of country)	What test confirmed diagnosis? Was there an autopsy? 200
efully in pla	15. MAIDEN NAMO ally Colleverus  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
H. a H. a	16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
Z S S S	Ala 12 Dobson 10	Where did injury occur? (Specify city ar town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
E PLA Should OF D	17. INFORMANTALIAM (Address) Same QOCI (So Pres)	Specify whether injury occurred in INDUSTRY, in HOME, of in Public PERCE.
Shoul Shoul E OF	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
TE ass	Plecalimore and Dete 4/0,1833	Neture of Injury
WRITE mation s CAUSE TION is	19. UNDERTAKER J. J. Fruiture	24. Wes disease or Injury in any way related to occupation of deceased?
S. B.	(Address) Had code In	If so, specify
× × ×	20. FILED 4/6, 1933 Jayleusan	(Signed) (Address) A accepted M. D.
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage EEO	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDIN

FOR

RESERVED

MARGIN

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(Address) \_\_\_

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The principal cause of dea of importance were as foll	th and related causes ows:	.Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	17417 12 1000	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	101764 17 20000	1921	Run over by street car	1 week ago
Cerebral hemorrhage	TIPE UV.	July 5, 1927	Peritonitis	3 days ago
		1 1		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state RECORD. Every item of infor-Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. WITH UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED N. B.—WRITE PLAINLY,

V. S. No. 1

1. PLACE OF DEATH	MARTLAND—	93.0
County Whiteshow	mer,	Registration Dist. No. 30.7
Village or City	A	No. St. Wa
	111 .	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city town where death o	ccurred dayrs mos.	ds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME	THE THE	14
(a) Residence: No.	Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SI	NGLE, MARRIED, WIDOWED,	21. DATE OF DEATH / /
Block 1	DtVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	0	22. I HEREBY CERTIFY, That Lattended deceased fr
(or) WIFE of See See	e ·	Theif 1 1933 to Jan 1 193
6. DATE OF BIRTH (month, day, and year)	7. 1886	I last saw han alive on April 1933; death is s
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 16.36 1.m.
1886 48 10 2	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	700000	Date of one
- I SALL SATITED BOOKNEETER CIC.	agrow out	1-
work was done, as SILK MILL, SAW MILL, BANK, etc.		Mente myscardilo
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	II. Total time (years) spent in this	Found dead play after
year)	occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)		Constituents Causes of Importance.
(State or country)	Gunty Mil	
13. NAME 14. BIRTHPLACE (city or town)	isher "	
14. BIRTHPLACE (city or town)	iesc.	Name of operation
(State of Country)	40 60	What test confirmed diagnosis? Was there an autopsy?
I 11.10.1	The Australia	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (A) or town) Wash	avan a assey	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
17. INFORMANT Mary En	(1 genter)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) / Ley 1. W. D with	To washed no	open, manus, man, see a
18. BURIAL, CREMATION, OR REMOVAL	de	Manner of Injury
Place 11 11 11 11 Dat	e_471.4,19	Nature of injury
19. UNDERTAKER SAN S Da	elen,	24. Was disease or Injury in any way related to occupation of deceased? . 200.
(Address) V Silvers (A	Jerte nall	If so, specify
20. FILED apr. 4th, 1933 Cornelie	is It. Ensite	(Signed) V, W, Allan M
4	Deputy Registrar.	(Address) J300 V2000.
If more blanks	are needed, address State Kegistrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

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- 10.—The month and year the deceased last worked at the occupation.

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Example 1		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 1924	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		1		

PHYSICIANS should state stated EXACTLY. PHYSICIAMS SHOWER Stated EXACTLY. WITH UNFADING INK-THIS IS AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. PLAINLY, N. B.-WRITE

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH).	71-0
County Hashing Lyon	Registration Dist. No. 306
Village or City Sutheles burg mel	No. St., Ward
Length of residence in city or town where death of urred 80 yrs	(If death occurred in a hormal or institution, give its NAME instead of street and number) os. ds. How long in U.S. if of foreign birth?yrs ds ds.
111: 1 0 7	1L
2. FULL NAME Mess (a Cara. 13. 7 al	1
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (carrie the word)	21. DATE OF DEATH (Mg/hh) (Bay) 193-3 (Year)
e. If married, widowed, or divorced HUSBAND of (or) WIFE of	Dee 2 HEREBY CERTIFY, That I attended deceesed from
i. DATE OF BIRTH (month, day, and year) Cles a. 21 185	1 last saw her alive on good 8
AGE Years Months Days It LESS than	to have occurred on the date stated above, at 1.1 40-m.
75- 7 /7 1day,hi	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  Date of onse
8. Trade, profession, or particular kind of work done, as SPINNER,	D
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	Jennatus licenia 133:
work was done, as SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Dato deceased last worked at this occupetion (month and spant in this	
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Year Sugetherbring	Other Community Community of the Property of t
(State or country) brank les my	
13. NAME / Verry. Tally.	
13. NAME Verry. Tally 14. BIRTHPLACE (city or lown) Sear Haciston	Name of operation
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME Scrietta. Tushask 16. BIRTHPLACE (city or town) Man Sunthiburg (State or country) Wash loss mill	23. If deeth wes due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) Plan Stuffenburg	Accident, suicide, or homicide? Date of Injury, 19
(State or country) Wash les my	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT TOURS / alg. / alg.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Amelia Orig Jerral 18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece Cavelowe Charle april 10:193	
19. UNDERTAKER LEO-B. Howen	24. Wes disease or injury In any way releted to occupation of deceased?
20. FILED apr 8, 133 Jur. Des W. 7 91 9 00 Registrar.	(Signed) Dat Of Colored M.  (Address) South Lawry (md)



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BURFAU V. S.			
Other contributory causes of importance:	Lj.	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH infor-OCCUPA. 1. PLACE OF DEATH should item of Registration Dist. No. County\_\_ Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign birth? \_\_\_\_\_ vrs. \_\_\_ mos. statement PHYSICIAN 2. FULL NAME RECORD. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (watte the word) single (Month) 5a. If marriad, widowed, or divorced BINDIN HUSBAND of 22. I HEREBY CERTIFY That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate 7. AGE Yaars Months Days If LESS than to have occurred on the data stated above, at 1 day, ..... hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or ..... min. were as follows: Date of onset 8. Trade, profassion, or particular OCCUPATION kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, atc.... RESERVED may 9, Industry or business in which should work was dona, as SILK MILL, SAW MILL, BANK, etc ... 10. Date deceased last worked at 11. Total time (years) spant in this this occupation (month and that occupation ... instructions ADING MARGIN 12. BIRTHPLACE (city or town) (State or country) supplied FATHER 13. NAME 14. BIRTHPLACE (city or town) ... Name of operation. plain (Stata or country) efully What test confirmed diagnosis?. MOTHER 15. MAIDEN NAME important. in in 23. if death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?\_. (Specify city or town, county and State) Spacify whathar injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE. plnods 17. INFORMANT OF (Address) 18, BURIAL, CREMATION, OR REMOVAL Manner of Injury CAUSE mation Natura of injury. TION 24. Was diseasa or Injury in any way related to occupation of deceased 19. UNDERTAKER (Address) If so, specify (Signed) Registrar. (Address) \_\_\_\_\_ If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

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FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 04:	307
1. PLACE OF DEATH		)
County Mathington	Registration Dist. No. 3 o C	
Village or City Sharh burn mol	NoSt.,	Ward
Length of residence In city or town where deeth occurred yrs fines	death occurred in a hospital or institution, give its NAME instead of street and no ds. How long in U.S. if of foreign birth?yrsmos	umber)
2. FULL NAME William Elworth &	lass	ius.
(a) Residence: No.	St., Ward.	
(Usual place of abode)	If nonresident give city or lown and S	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OF RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey)	1933- (Yeer)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. i HEREBY CERTIFY, That i ettended d	eceased from
6. DATE OF BIRTH (month, dey, and yeer) Luly 15 = 1865	I last saw h alive on Ahr 5 193	: death is seid
7. AGE Years Months Days If LESS then	to heve occurred on the date stated above, et J. J. P. m.	, death is seid
7 9 10 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importence	
8. Trade, profession, or perticuler	were es follows:	Date of enset
SAWYER, BDDKKEEPER, etc.	Traine Pasenchinator	
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc  10. Dete decessed last worked at this operation (month and this preparation (month	Tophartis /	1500.
work wes done, as SILK MILL, SAW MILL, BANK, etc	Hybriterator	/n 1.
	Paparhle + y	1932
yeer) occupation	Other Contributory Causes of Importance: -	
12. BIRTHPLACE (city or tog) - Junicanan	Milmot	3/18/33
(State or country) Variations Co Va-		
14. BIRTHPLACE (city or towns) The Control of the C		
4 14. BIRTHPLACE (city or town) The Control of the	Neme of operation Dete of	
(State of country)	What test confirmed diegnosis? Wes there an au	topsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	23. If death was due to external ceuses (VIOLENCE) fill In also the following:	
o 16. BIRTHPLACE (city or town) un (nown	Accident, suicide, or homicide? Dete of injury	, 19
(Stete or country)	Where did injury occur?	
17. INFORMANT Swalland Swall and (Address) Sharpburg Swall	(Specify city or town, couoty and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	DE.
18. BURIAL, CREMATION, OR REMOVAL THE	Menner of injury	
Place That burg Dete 7 7 ,1933	Nature of injury	
19. UNDERTAKER C & Sutman 4- Co (Address) Kanony villa more	24. Was disease or injury In eny way related to occupation of deceased?	N
20. FILED # 7 , 1833 Eagl Jog Con Registrar.	(Signed) Nath Ad-Shear (Address) Short Shear Short	, M. D.
	2411 N. Charles Street Baltimore Requesting 9) S No.	

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FOR

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			100
Other contributory causes of importance:		Other contributory causes of importance:	1-19
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	—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
FOR BINDING	IS A PERMANENT R stated EXACTLY. properly classified. Esertificate.
MARGIN RESERVED FOR BINDING	—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PER mation should be carefully supplied. AGE should be stated E CAUSE OF DEATH in plain terms, so that it may be properly or TION is very important. See instructions on back of certificate.
	-WRITE PLAINLY, WITH mation should be carefully s CAUSE OF DEATH in plain TION is very important. Se
. 1	matior CAUS TION

STATE O	F MARYL	AND-CERTIFICAT	E OF DEATH
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	1. PLACE	OF DEATH				
	County		**************************************	Registration Dist. No.		
		City	(1)	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)		
		h . //	deeth occurredyrsmos	sds. How long in U.S. if of foreign birth?yrsmosds		
	2. FULL N	AME Juliu	d Auglies			
1000	(a) Reside		(Usual place of abode)	St., Ward.  If nonresident give city or town and State		
		1	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3.	SEX	4. COLOR OR RACE	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Yaar)		
5a	. If married, wide HUSBAND of (or) WIFE of	owed, or divorced	100	(Month) (Day) (Yaar)  22. HEREBY CERTIFY, That I attended deceased from		
6.	DATE OF BIRTH	(month, day, and yaar)	an spring	I last saw haliva on		
7.	AGE Y	ears Months	Days If LESS than I day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and raiated causas of importance		
OCCUPATION	Ormin.			were as follows:  Date of one et		
000	10. Date decea	10. Date deceased last workad at this occupetion (month and spent in this year)				
12	. BIRTHPLACE (c	city or town)		Other Contributory Causes of importance:		
ER	13. NAME					
FATHER	14. BIRTHPLAC	E (city or town)		Name of operation Data of		
OTHER	15. MAIDEN N.	AME		23. If death was dua to external causes (VIOLENCE) fill in also tha following:		
MOTH	16. BIRTHPLAC (State o	E (city or town)		Accident, suicide, or homicide?		
17.	INFORMANT (Addrass)			(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.		
18.		TION, OR REMOVAL	Date	Manner of Injury		
19.	UNDERTAKER(Address)			24. Was disease or injury in eny way related to occupation of deceased?		
20.	FILED	, 19	Registrar.	(Signed)M. D. (Addrass)		

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Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
			• -
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			- 1

FOR

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home kousework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Ward

Date of onset

931

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Chronic interstitial pephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH	4313
1. PLACE OF DEATH	(59)	TOLO
County Washington	Registration Dist. No. 30	2-
Village or City 262 gestplown	No. 701-S. Voloniac St, 2	Ward
Length of residence in city from where death occurred 30 yrs	death occurred in a hospital or institution, give its NAME instead of street and nu	
2. FULL NAME Secolo 6, Hout	sell	
(a) Residence: No. 701 S. Potomac	St., Z Ward.	
(Usual place of abode)	If nonresident give city or town and S	late
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	193 . 3
5a. If married, widowed, or divorced	(Month) Day)	(Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That I attended de	eceased from
0+10916-	1933, to afine 4	1923
6. DATE OF BIRTH (month, day, and year)		death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated allove, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8 Trade profession or particular	were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Cett Tarvey  SAWYER, BODKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and this occupatio	Diahetic Coma	4/3/33
9. Industry or business in which work was done, as SILK MILL.		11-01-3
work was done, as SILK MILL, SAW MILL, BANK, etc		
this occupation (month and year) spant in this occupation		
12. BIRTHPLACE (city or town) Balanwille!	Other Coutributory Causes of importance:	
(State or country)	Digheties	1930
13. NAME Daniel Kontail		-1-1-9-12-
13. NAME Tannell Contact 14. BIRTHPLACE (city or town) 73 a tannelle	Name of operation Date of	
(State of country)	What test confirmed diagnosis? Was there an au	opsy?
15. MAIDEN NAME Elica 4. Meddle Caux	23. If death was due to external causes (VIOLENCE) fill In also the following:	
15. MAIDEN NAME  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of injury	, 19
Phi-t-11 zude	Where did injury occur? (Specify city or town, county and State)	)
17. INFORMANT (Addust 2000 a 1619 111 Data	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	it.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
Place 14 ag Evolumente 77 , 1933		
19. UNDERTAKER Burduty Bond	24. Was diseaso or injury in any way related to occupation of deceased?	
(Address) - frag Englyway und.	If so, specify A A South	
20. FILED 4- 1- 133 Charf Jower	(Signed) W. U. Toruch	M. D.
Registrar.	(Address) Alexandry	mee.

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Example I	1199	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	1 4
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH 14451 OCCUPA 1. PLACE OF DEATH Registration Dist. No. 307 should Village or City (If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred Q How long in U.S. if of foreign birth?\_\_ statement 2. FULL NAME Ward. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Day) (Year) 5a. If married, widowed, or divorced HUSBAND of CERTIFY Thet Lettended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and yeer) 7. AGE Months If LESS than to have occurred on the date steted above, et. 1 dey, \_\_\_\_hrs The PRINCIPAL CAUSE OF DEATH end related causes of importance or\_\_\_\_min. Date of oasat & Trede, profession, or particular OCCUPATION kind of work done, as SPINNER. SAWYER, BODKKEEPER, etc ... plnous may back 9. tndustry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc..... 10 Date deceased last worked at 11. Totat time (years) this occupation (month and spent in this that occupation \_\_\_\_ Other Contributory Causes of Importance 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town) Name of operation. plain (State or country) What test confirmed diagnosis? efully ----- Was there an eu'opsy?\_\_\_\_ MOTHER 15. MATDEN NAME in. 23. If death was due to external causes (VtOL ENCE) filt in also the following: Accident, suicide, or homicide?\_\_\_\_\_ Date of injury\_\_\_\_\_ 19\_ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Menner of Injury CAUSE . 2. 1933 mation LION Nature of injury. 24. Was disease or injury in any way related 19. UNDERTAKER tf so, specify If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDIN

RESERVED

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1931	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	infor-	state	UPA-
1	N. BWRITE PHAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.
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	D. Ev	SICI	tatem
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MARGIN RESERVED FOR BINDING	SAI	tated	CAUSE OF DEATH in plain terms, so that it may be properly of TION is very important. See instructions on back of certificate.
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S. No.	. B.	I	
>	Z		

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH BYTUNEVULLE MO	990
County / Pashing lon	Registration Dist. No. 307
Village or City / Syouthsville had	No. St., Ward
Length of residence In a ty or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?mosds.
2. FULL NAME UNG Gig B Lanning	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Milk	21. DATE OF DEATH  (Month)  (Dey)  (Year)
5a. If married, widowed, or divorced HUSBAND of Communal furnings	22. HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year Sall- 12 = 1855	Wast saw h en alive on sand 16 1933 : death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated en ve, at 9. 30 P.m.
77 1 4 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trede, profession, or particular kind of work done as SPINNER	Date of onset
kind of work done, as SPINNER.	PT
work wes done, as SILK MILL, SAW MILL, BANK, etc	Ingina Velloris.
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month end spent in this	
year) occupetion occupetion	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Syown velle mol (State or coupty) Wash Co	other countries of importance.
13. NAME Ground Prown	
14. BIRTHPLACE (city or town) Brown wills mol	Neme of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME: Maryam Brown	23. If death wes due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Brownsville mal	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (MANUAL TRANSPORT (Address) Communication of the communica	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place (310 w/11 w Date 4 = 19 19.33	Nature of injury
19. UNDERTAKER & Suspant Co (Address) Kandysville ma	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED april 17th, 1933 Cornelius H. Castle.	(Signed) . W. allan M. D. (Address) Bronslow, M. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR

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Chronic interstitio	1921	Run over by street car	1 weck ago
Cerebral hemorrha	July 5, 1927	Peritonitis	3 days ago
THE REPORT OF THE PARTY OF THE			
i	12.1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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FOR

RESERVED

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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FOR

MARGIN RESERVED

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes-of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
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Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
APR 5 1933			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

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em of	plnods	DOC J		
BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.		
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T REC	Y. P	Exac		N.
IANEN	ACTL	assified.		
A PERM	d EX	erly cla	icate.	1000
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PLAIN	onld be	F DEA	very im	
VRITE	ation sh	AUSE (	TION is very important. See instructions on back of certificate.	
B.—	m	S	I	

1. PLACE OF DEATH  County Wash in Story  Project at in Diet No.	0.2010
County Warfalus Chair	979
Village or City Jour Constitution No. 301 Rancholth	St., Ward
(If death occurred in a hospital or institution, give its NAME instead of Length of residence in city or town where death occurredyrsds. How long in U.S. if ol loreign birth?yrs	
2. FULL NAME unangochier & Markaret Tong	ds.
The Marie of the Control of the Cont	
(a) Residence: No. 30 / Carrette Ward.  (Usual place of abode) St., Ward.  (Usual place of abode) If nonresident give city or	town and State
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DE	
J. SEX  4. COLOR OR RACE  OR DIVORCED (write the word)  21. DATE OF DEATH  (Month)  (Day)	, 193 <b>.</b> (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 22. I HEREBY CERTIFY, Thet I	
6. DATE OF BIRTH (month, day, and year) Africa 20/1933   lest saw h alive on	
7. AGE Yaars Months Days If LESS than I dey,hrs. to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and releted causes of imports.	
8 Trada profession or particular	Date of enset
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc  Jo, Data dacasad last worked at this occupation (month and second in this preparation (month and second in this preparation (month and second in this s	
O 10. Data dacaasad last worked at this occupation (month end year)	
12. BIRTHPLACE (city or town) / Fuguesto was (State or country)	
13. NAME hot- Given	
(Stata or country)	Dete of
15. MAIDEN NAME Mar faret Fong 23. If death was due to external causes (VIOLENCE) fill in also the	
16. BIRTHPLACE (city or town) Charles Tours  Accident, suicide, or homicide? Data of injur  (State or country) Whera did Injury occur?	ry, 19
17. INFORMANTE & Chuf nuc.  Specify whether Injury occurred in INDUSTRY, in HOME, or in Pt.  (Address)  (Specify whether Injury occurred in INDUSTRY, in HOME, or in Pt.	ty and State) UBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL  Place Data Gree 25 1933.  Natura of injury  Natura of injury	
19. UNDERTAKER & Chaffer and 24. Was disasse or injury in any way ralated to occupetion of dece (Addrass)	eesad?
20. FILED #-21-, 1933 Chast Locust (Signad) N. G. Gyrlon Registrar. (Addrass) Hugen has	m. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Other contributory causes of importance:	المر أ	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	,		

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V. S. No.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis #	1 yeor

V. S. No. 1 B

# STATE OF MARYLAND-CERTIFICATE OF DEATH

04320

1. PLACE OF DEATH		108			
County Washi	ngton	Registration Dist. No. 30	2		
Village or City Bagerst	DATE LIMITS OF	No. 523 Reynolds Avenue St., Z Ward (If death occurred in a horpital or institution, give its NAME instead of street and number)			
Length of residence in city or town whe		If death occurred in a horpitaTor institution, give its NAME instead of street and nui isds. How long in U.S. if of foreign birth?yrsmos,			
2. FULL NAME Henry		3			
		St., Z Ward.			
(a) Residence: No. 523 F	(Usual place of abode)	St., Ward.  If nonresident give city or town and St	tate		
PERSONAL AND STATIS	STICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX   4. COLOR OR RACE   White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH  April 4,  (Month) (Dey)	193.3.		
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	the Markell	22. I HEREBY CERTIFY, That I attended de	ceased from		
8. DATE OF BIRTH (month, day, and sear)		Mast saw haras alive on april 3 , 1933;	death is sale		
7. AGE Years Unionths 9	Days If LESS than 1 day,hrs ormin.	THE PRINCIPAL CAUSE OF BEATH and Telated Gauses of Importance	Date of onset		
8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Librarian	Labar Preumonia 4			
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9 Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc					
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation				
12. BIRTHPLACE (city or town) Merc	ersburg,	Other Coutributory Causes of importance:			
13. NAME John McCun	ne	4			
13. NAME John McCun  14. BIRTHPLACE (city or town) Fra  (State or country)	nklin County,	Name of operation Date of What test confirmed diagnosis?	Ar		
5 15. MAIDEN NAME Mary E.	Atherton	23. If deeth was due to external causes (VIOLENCE) fill in also the following:	opsy(2/20.		
15. MAIDEN NAME Mary E.  16. BIRTHPLACE (city or town) France (State or country)		Accident, suicide, or homicide? Date of injury	, 19		
17. INFORMANT Mrs. (Address) Hagerstown	McCune,	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			
18. BURIAL, CREMATION, OR REMOVAL	Id. Date Apr. 6 ,1933	Manner of injury			
19. UNOERTAKER Fred W. K (Address) Hagerstow	raiss,	24. Was disease or injury in any way related to occupation of deceesed?	Vo		
20. FILED 4-5-, 1933 A	Registrar.	(Address) 170 WW asking in Hayconting	M. D		
If m	nore blanks are needed, address State Registrat	r, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	1		

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ADDITIONAL S	PACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDIN

RESERVED

MARGIN

(Year)

death is said

Date of onset

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(Address)

Registrar.

V. S. No.

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#### STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA-RECORD. Every item of infor-1. PLACE OF DEATH bluods Jo (If dea Length of residence In city or town where death occurred statement 2. FULL NAME (a) Residence: No. (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.

5a. If married, widowed, or divorced

HUSBAND of (or) WIFE of

(Address)

19. UNDERTAKER (Address)

18. BURIAL, CREMATION, OR REMOVAL

eath occurred in a hospital or instit	tution, give it NAME	instead of street an	d number)
	of foreign birth?		
. VC . a			
St., Ward.	If nonresident	give city or town a	nd State
MEDICAL C	CERTIFICATE		
21. DATE OF DEATH	(Month)	(Day)	, 193 3 . (Year)
	Y CERTIFY		
	-, 13, 10		
to have occurred on the date state. The PRINCIPAL CAUSE OF DEA			
were as follows: -			Date of onset

6. DATE OF BIRTH (month, day, and year) 7. AGE Months Days If LESS than I day, .....hrs. or .... min. 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.... Industry or business in which work was done, as SILK MILE SAW MILL, BANK, etc .... II. Total time (Years) 10. Date deceased last worked at this occupation (month and spent in this 5445, occupation 12. BIRTHPLACE (city or town (State or country) FATHER 14. BIRTHPLACE (city or town) (State or country) MOTHER 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT \

OR DIVORCED (write the word)

What test confirmed diagnosis? 23. If death was due to external causes (VIOLENCE) fill In also the following:

Accident, suicide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_ 19\_\_ Where did injury occur? \_\_\_\_

(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury Nature of injury\_

24. Was disease or injury in any way related to occupation of deceased?

(Address) Lake

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FOR BINDIN

MARGIN RESERVED

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Arteriosclerosis

Example I

Date of onset of importance were as follows:

Attack of epilepsy

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

I week ago

Cerebral hemorrhage

Gerebral hemorrhage

July 5, 1927

Peritonitis

Other contributory causes of importance:

Gollstones

May 1, 1923

Gastroenteritis

1 week ago

Other contributory causes of importance:

I week ago

Gays ago

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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THE POLICE OF DEATH	(a)
County Washington Co.	Registration Dist. No.
Village or City Hagerstown, R.R.# 6, Mc	laNoStWard
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Miller infant	
(a) Residence: No. Hagerstown, R.R.# 6.	Md St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
determined White 5. Single, MARRIED, WIDOW OR DIVORCED (write the wo	April 12 693 3
determined white I Single  5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
	April 12 ,1922 ,10 April 12 ,1933
6. DATE OF BIRTH (month, day, and year) April 12. 193	33   I last saw halive on Stillborn, f9; death is said
7. AGE Years Months Days If LESS t	The state of the s
f day,mi	were se follows:
9 Trade profession or particular	Stillborn 3 months Date of onset
kind of work done, as SPINNER, None	gestation
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Date deceased last worked at this occupation (month and	
SAW MILL, BANK, etc	
- 1 Spellt III this	
	Other Coutributory Causes of importance:
12. Birthplace (city or town) Hagerstown, Md.	
(State or country)	
f3. NAME William McPherson Willer	
13. NAME William McPherson Miller 14. BIRTHPLACE (city or town) Hagerstown, Md.	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Bertha May Whetstone  16. BIRTHPLACE (city or town) Frostburg, Md.	23. If death was due to external causes (VIOLENCE) fill in also the following:
6. BIRTHPLACE (city or town) Frostburg, Md.	Accident, suicide, or homicide? Date of injury, 19
∑ (State or country)	Where did injury occur?
17. INFORMANT Mr. Villiam Willer	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Hagerstown, Md.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Hagerstown Date April 1219	Nature of injury.
19. UNDERTAKER Father	24. Was disease or injury In any way related to occupation of deceased?
(Address)	If so, specify
20 EUED 4-15-133 Thanks	(Signed) It amposed IM. D.
ZO, FILEO / Registr	

V. S. No. 1

N. B.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago (0) Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
ADDITIONAL	STAUL	TUR	TURINER	SIMILMINIS	DI	THISICIAN

STATE OF MARYLAND	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	94-0
County/ Pasquigion	Registration Dist. No.
Village or City Jackeoch	No. St., Wai (If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where teath occurred	mosds. How long In U.S. if of foreign birth?yrs mos d
2. FULL NAME SSEPPLE HAGES	Mussay
(a) Residence: No. Barringer	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
5a. ( married, widowed of diversed	(Year)
HUSBAND OF MARIE OF M	22.   HEREBY CERTIFY That I attended deceased from
1 1000	192 10 G 9 193
	11 / 23 0
12/ / 1 day,h	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trada profession or particular	were as follows:
kind of work done, as SPINNER JOHN Ceefus	Mugina Teelous
A Judustry or business in which work was done, as SILK MILL.	
SAW MILL, BANK, etc	7
this occupation (month and 3 gr 4gr spent in this wife	/ · · · · · · · · · · · · · · · · · · ·
12 RIDTHPI ACE COUNTY MAN COCIGO MAN	Other Contributory Causes of importance:
(Stata or couptry)	Acute Lidig whom
13. NAME TOSEPH Murray	
14. BIRTHPLACE (city or town) 18 18 1800 1 Eug	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
IS. MAIDEN NAME DUSAN SHIVE	
0 16. BIRTHPLACE (city er town)	Accident, suicide, or homicide?
The end of the state of the	(Specify city or town, county and State)
17. INFORMANT / DOS Mus ray	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of Injury
Place fau Coci 6 My Date t/ 20, 193	Nature of Injury
19. UNDERTAKER JA Jauscius 1	24. Was disease or injury in any way related to occupation of deceased?
(Address) Todales ( Jul	If so, specify
20. FILE \$ / (0 , 1933 , 4 8 Seuster	(Signed) Allow legers M.
Construction of the constr	
	1. PLACE OF DEATH  County  Village or City  Length of residence in city or town where Beath Securred  Length of residence: No.  2. FULL NAME  (a) Residence: No.  Barrica Death Color or Race  (a) Residence: No.  Barrica Death Death Color or Race  (b) Residence: No.  Color or Race  OR DIVORED (write the world)  Sa. If married, widowed of divared  HUSBAND of Correct the world  (cr) WIFE of Correct the world  Race  Vears  8. Trada, profession, or particular kind of work done, as SPINNED  Work was done, as SPINNED  Work work done, as SPINNED  Work work done, as SPINNED  Work work done, as SPINNED  Work was done, as SPINNED  Work was done, as SPINNED  Work work done, as SPINNED  Work was done, as SPINNED  Work work Work w

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street oar	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis //	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis [4]	1 year
		. 933	
		; [ , 4 ]	

ADDITIONAL SPACE FOR FURTHER STATEMENTS

PHYSICIANS should state RECORD. Every item of infor-Exact statement of OCCUPA. stated EXACTLY. properly classified. TH UNFADING INK-THIS IS A PERMANE See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. TION is very important. N. B.—WRITE PLAINLY,

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	- 2
1. PLACE OF DEATH	79	(1)
County Washing for	Registration Dist. No. 360	
Village or City Samples manor-	NoSt., death occurred in a hospital or institution, give its NAME instead of street and number	Ward
7/ 00/ 10	ds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME HORRY Webster Wife	·	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Day) (Day)	7 Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended decease  Mark 2) 1955 to Arm 1	sed from
6. DATE OF BIRTH (month, day, and year) Pan 7 1932		th is said
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the date stated above, at 37 m.	
1 2 7 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	e of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  11. Total time (years) this occupation (month and this occupation for this occupation for the specific this occupation f	Colitis 3.	27-3
9. Industry or business in which work was done, as SILK MILL, / 1 SAW MILL, BANK, etc	to the property	
	Double Brontho Grenowina 3	<i>-30.</i>
year) occupation // V	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) & Amples Manor.		
13. NAME David W. myers.		
14. BIRTHPLACE (city or town)	Name of operation	
(State of country)	What test confirmed diagnosis? Was there an autops	of the
15. MAIDEN NAME (ALP) NEW / 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIDLENCE) fill in also the following:	
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury,	19
(State or country) Omysta Mano mo	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT David Wif Migela; (Address) Harrises herry R. 7, 10.	Specify whether injury occurred in INDÚSTRY, in HDME, or in PÚBLIC PLACE.	
18. BURIAL, CREMATION, DR KEMDVAL	Manner of injury	
Place Dompse Manos Pate Gour 3 , 1930	Nature of injury	
19. UNDERTAKER A COUCHES WAS AND WAS A COUCHES AND	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED 7/1 , 1933 Earl Bayer. Registrar.	(Signed) Maller & Should Shoul	M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I	li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy CAAAAHAA	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis (SA)	3 days ago
		NE CERTED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

AGE should be stated EXACTLY. PHYSICIANS should state. RECORD. Every item of infor-WATH UNFADING INK-THIS IS A PERMANEN MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. N. B.—WRITE PLAINLY,

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	23
County Weshington	Registration Dist. No. 30/
Village Near Halfway Md	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Milton V.A. Norris	
Same	St., Ward.
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIFD, WIDOWED.	21. DATE OF DEATH April3, 1933
male white ORDIVORCEP (regire the word)	(Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of	The Latter ded described from
HUSBAND of GOT WHEE OF Irene Syster	1 HEREBY CERTIFY. That I attanded deceased from Man 12 1 1933 to Alma 27 1933
Ton 6 100a	last saw h. M. alive on Africal 19,59; death is said
6. DATE OF BIRTH (month, day, and year) Jan. 6, 1860 7. AGE Years Months Days If LESS than	to have occurred on the date states above, at 11.10m. P.M.
1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance
	wera as follows: Date of onset
8. Trade, profession, or particular kind of work dona, as SPINNER, Salesman	Politicais Pulmorialis
T   SAMITEM, DOGIMEET EM, CONTROL	The course of th
A Jindustry or business in which work was done, as SILK MILL, Gen. Nursery  SAW MILL, BANK, etc	followed by whemia
10. Date deceased last worked at this occupation (month and Mor. 15 spant in this 3yrs	
year) occupation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Noryland	Other country cases of importance.
(State or country)	
当 13. NAME Milton Norris	
13. NAME Milton Norris 14. BIRTHPLACE (city or town) Maryland (State or country)	Name of operation
(State or country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Catherine Stine	23. If daath was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Catherine Stine 16. BIRTHPLACE (city or town)  (State or country)	Accidant, suicide, or homicide? Date of Injury, 19
Cotate of country/	Whera did injury occur?
Mrs. Milton Norris	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
17. INFORMANT Williamsport MdR.F.D. #2	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
PlaceWilliamsport Md Date Apr. 5 1933	Nature of injury
Albert Leaf .	24. Was diseasa or injury in any way related to occupation of daceasad?
19. UNDERTAKER William port Md (Address)	If so, specify
20. FILED April 1933 Loi G. Dickard	(Signed) Ou De Jes Jes M. D.
20. FILED PAN 1933 1933 Poly College Carlot Registrar.	(Address) Williams from Ala
If more blanks are needed, address State Registrar,	, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S	1	·	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		1

BINDIN

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MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPA	ICE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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		,,

(Informant)

(Address)

OF MY KNOWLEDGE

STATE OF MARYLAND CERTIFICATE OF DEATH

RTIFICATE OF DEATH

(If death occurred in a hospital or institution, give its NAME is -

stead of street

www.	number.)
MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH	
4-1	L - 19235
(Month)	(Year)
17 I HEREBY CERTIFY, That I a	ttended the deceased from
4-12 1977.10 4	(-/2, 1977
that I last saw branchise on 4	
and that death occurred on the date stat	
The CAUSE OF DEATH * was as follows:	
Miller	
	1/2m
Gresselm 6	
(Duration)	yrsmosds.
Duration/	
ContributorySecondary	· · · · · · · · · · · · · · · · · · ·
(Ducation)	dsds.
CAN SIN	7 M. D.
(Signed)	W. D.
4-14 192 (Address)	enlary
*State the lisease Causing Deat Vlolent Causes, state (1) Means of Accidental, Suicidal or Homicidal.	h, or, in deaths from Injury and (2) Whether
18 LENGTH OF RESIDENCE (For Hos	pitals, Institutions, Trans
ients or Recent Residents)	
At place of deathyrsmosds.	he tateds
Where was disease contracted, if not at place of dea.h?	
Former or usual res,dence	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Suprant	4-12, 1872
20 UNDERTAKER	ADDRESS
11-1	11

If more b.anks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

Approved by U. S. Census and American Public Health Association.)

busines, that fact may be indicated thus; Farmer (re-tired 6 yrs). For persons who have no occupation whatever, write None. state occupation at beginning of illness. If retired from g. ged in domestic service for wages, as Servant, Cook, Housemard, etc. If the occupation has been changed Spinner, (b) Cotton mill; (a) Salesman, (b) sary to know (a) the kind of work and also (b) the eupation is very important, so that the relative healthor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an eases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomolive engineer tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oereport specifically the occupations of persons en-Foreman, (b) Automobile factory. The material first line will be sufficient, e. g., Farmer or Planter, or At Home, and children, not gainfully em-For many oecupations a without more precise specification as Day Stationary fireman, etc. But in many single word or term on Grocery;

Statement of Gause of Death—Name, first, the DISEAL'S CAU ING DEATH; the primary affection with respect to time and causation, using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

carbolic acid-probably suicide. The n.ture of the injury, lclanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," etc.), "Drcpsy," ("E:haustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shook," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature of the Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or misearriage as can be ascertained as the eause. Always qualify all " Uraemia, tions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopneumonia (seeondary), (secondary or intercurrent) Whooping cough; use of "Tumor" for malignant neoplasms); American Medical Association.) Examples: Accidental drowning; Struck by railway train-State eause for which surgical operation was under-Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY (name origin; "Cancer" is less definite; avoid Chronic valvular heart ete. The contributory affection need Measles ; not be disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDIN

RESERVED

MARGIN

S. No. 1

Dr Lusby.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ż

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County Mark and Con	Registration Dist. No. 302
Village or City / June 16	No. 16 h Polome of st 3 ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. If of foreign birth?
2. FULL NAME um ame colulely	folde fortner,
(a) Residence: No. 16 4 Pulonic &	St., 3 Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	april 6 1933
5a. If marriad, widowed, or divorced	(Month) (Day) (Year)
HUSBAND OF Corp WIFE OF Preingle both	22. I HEREBY CERTIFY, That I attended daceased from
1 remain vary	@ Sheep 19 19 19
6. DATE OF BIRTH (month, day, and yaer) 4-6-19-33	I last saw h alive on on; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, at
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importanca ware as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Data of oused
SAWYER, BDDKKEEPER, etc	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date daceased last worked at 11. Total time (years)	
this occupation (month and spent in this occupation	
12. BIRTHPLACE (city or town) / dufayluson	Other Contributory Causes of importance:
(State or country) Mul	
13. NAME nul- Zinen	
< 14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Foldie Portuer	23. If death was due to external causes (VIDL ENCE) fill in also tha following:
16. BIRTHPLACE (city or town) Thurmout Med	Accidant, sulcida, or homicide? Date of Injury19
(Stata or country)	Where did Injury occur?
17. INFORMANT Juldie Portner	(Specify city or town, county and State) Spacify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) / thypers lower my	•
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place J removes Date Grace 6, 1933	Natura of injury
19. UNDERTAKER Lanson Hooner	24. Was disease or injury In any way related to occupation of deceased?
(Addrass) / Lufers lynn my	If so, specify
20. FILED 4-6- 1933 What to socre	(Signed) Di Gi Fordon M.D.
Registrar,	(Address) Thyers wow Mff

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Example 1	1	Example 11	
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	- Pro- Pro-		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-TION is very important. See instructions on back of certificate. N. B.-WRITE PLAINLY,

MARGIN RESERVED FOR BINDING

V. S. No. 1

STA	ATE OF	MARY	YLAND-	CERTIFICATE OF DEATH	1329
1. PLACE OF DEATH				(105)	
County Wash	maton	1M1T8-0		Registration Dist, No.	, 2_
Village or City Hage	rolou			ND. 106 W horly St. st.	5 Ward
Length of residence in city o	r town where death	occurred	/ vrs 2 mos	death occurred in a hospital or institution, give its NAME instead of street and i	
4	0-7	20 5	P. 10.	A	/sus.
2. FULL NAME ON	aux 11	L. Mi	the no	S	
(a) Residence: No/_6	6 450,	(Usual place of	of abode)	St., Ward.  If nonresident give city or town and	State
PERSONAL AND	STATISTICA	L PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR O	rell		RIED, WIDOWED, O (write the word)	21. DATE OF DEATH 2 2 (Day)	, 193
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of				22. I HEREBY CERTIFY, Thet I attended  Quil 70 1933 to Quil 2	deceasad from
6. DATE OF BIRTH (month, day, an	d weer)			Hart caw h Civ alive on Oracio 21 1933	: death is said
7. AGE Years	Months	Days	If LESS than	to have occurred on the date stated abova, at 10 Pm.	., ucam 13 3aiu
/	2	22.	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were es follows:	Date of onset
8. Trada, profession, or partic kind of work dona, as S SAWYER, BDDKKEEPER	ular SPINNER, — , atc	٠	***************************************	Ocerte Zerophanistis	
kind of work done, as SAWYER, BDDKKEEPER SAWYER, BDDKKEEPER work was done, as SILK SAW MILL, BANK, etc 10. Date deceased last worked this occupation (month a	MILL,	-		Sougation	
10. Date deceased last worked this occupation (month a year)			me (yeers) t in this pation	<u> </u>	
12. BIRTHPLACE (city or town). (Stata or country)	Lager	town	٨	Dther Coatributory Causes of importance:	
13. NAME a and	el Roth	inso	u v		
13. NAME O GOVERNMENT 14. BIRTHPLACE (city or town) (State or country)	marke	wabe	rakla	Name of operation Date of What test confirmed diagnosis? Was there an a	ho
15. MAIDEN NAME TOUR	stle 1	Srow &	elun	What test confirmed diagnosis?	
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Brown	Plan	lle	Accidant, suicide, or homicide? Data of injury	
17. INFORMANT My	tle R	ober	asou	(Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL/	e) ACE.
18. BURIAL, CREMATION, DR REME Place Crarles	NAL D	ate. 41	23 ,,33	Manner of injury	
19. UNDERTAKER - Mu	lole	as II	1,114	24. Was diseasa or injury In any way ralated to occupation of deceased?	ho
20. FILED 4-22-19	33-6h	off)	Bocooc Registrar.	(Signed) Hazerstown	vd.M.D.
	If more blank	s are needed, ac	Idress State Registrar,	2411 N. Charles Street, Baltimore, Reguesting V. S. No. 1.	-

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1014	Example 11	111/2/11
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Perilonilis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

FOR BINDIN

STATE OF MARYLAND—	CERTIFICATE OF DEATH
County Machineston	Registration Dist. No. 300
Village or City Sharlsburg how	No. St, Ward death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Infant Rowe	ds. How long In U.S. if of foreign birth?yrsmosds.
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
0 0 000	, 19, to, 19
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days II LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and spent in this spent in this	Placanter Separation
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
O 10. Date deceased last worked at this occupation (month and year).	7
12. BIRTHPLACE (city or town) State or country)	Other Contributory Causes of importance:
II 13. NAME KOY Row	
13. NAME  14. BIRTHPLACE (city of town)  (State or country)	Name of operation Date of Was there an autopsy?
15. MAIDEN NAME Samue Story of town) Taylor Page 16. BIRTHPLACE (city or town) Taylor Page 16. State or country of the state of the sta	23. If death was due to axtarnal causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT Roy Row	Where did Injury occur?  (Specify city or town, county and State)  Specify whether Injory occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address)  18. BURIAL, CREMATION, OF REMOVAL Place Multiplicate 4 = 10, 1933	Manner of injury
19, UNDERTAKER QX Summing En (Address) Rangues VIII The	24. Was disease or Injury In any way related to occupation of deceased?  If so, specify \( \begin{align*} \ldots & \delta & \delt
20. FILED 1/10 ,1933 Eff Dog en Registrar.	(Signed) Colert 110 Nowell (M.D. (Address) Reysville MA

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Example I	TA .	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis Bolice Comments	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	S	TATE OF	MAR	YLAND-	CERTIFICATE OF DEATH	231
1	PLACE OF DEAT	гн				201
	County	Washingt gerstown		(JE	ND. 640 Oak Hill Avenue St., 5 death occurred in a horpital or institution, give its NAME instead of street and nu	Ward
	Length of residence In cit	ty or town where dea	th occurred_4	Q_yrsmos.	ds. How long in U.S. if of foreign birth?yrsmos	ds.
2	. FULL NAME	Fannie M	. Schi	ndell		
	(a) Residence: No	640 Oak	Hill A (Usual place	venue	St., 5 Ward.  If nonresident give city or town and S	iale
	PERSONAL AN	D STATISTIC	AL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. S	Female   Whi	THE PERSON NAMED IN	s. SINGLE, MAR OR DIVORCE Sing	RIED. WIDOWED, D (write the word) 1 em	21. DATE OF DEATH  April 1, (Day)	193. 3 (Year)
5a.	If married, widowed, or divo HUSBAND of (or) WIFE of	rced			22. LHEREBY CERTIFY, That I attended do	eceased from
6 1	DATE OF BIRTH (month, day	u and veer)		- 1868	Hast saw h at alive on April 1933;	death is sald
7. /		Months	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at $4:45P$ m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
OCCUPATION	8. Trade, profession, or pa kind of work done, SAWYER, BDDKKEE 9. Industry or business In work was done, as SAW MILL, BANK, do 10. Date deceased last wor this occupation (mo	n which SILK MILL, etc rked at	Iome Wo	ime (years) nt in this	Gleno-sclerosis abo Dementia Exhaustion "	1-1929 Noc11933 "25,1933
12.	BIRTHPLACE (city or town) (State or country)		000	upation	Other Coutributory Canses of importance: Aprical alisenses of teeth	1926
ER	13. NAME David	Schinde	1			
FATHER	14. BIRTHPLACE (city or to (State or country)		gton C	ounty,	Name of operation	0
ER	15. MAIDEN NAME	ena Emme	rt		23. If death was due to external causes (VIOLENCE) fill in also the following:	
MOTHER	16, BIRTHPLACE (city or to (State or country)	w <sub>n)</sub> Washin Md		ounty	Accident, suicide, or homicide? Date of Injury Where did injury occur?	
17.		Nora E.		<b>&gt;</b>	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLA	CE.
18.	BURIAL, CREMATION, DR I	REMOVAL		3,1933.4	Manner of injury	
	UNDERTAKER Fred (Address) Hage	W. Krai rstown.	ss. No.	Registrar.	24. Was disease or injury In any way related to occupation of deceased?  If so, specify  (Signed) Many A. Langhly  (Address) Angustown, M	no M. D.
	<del></del>	7.0		Acesimian.	37 Ct 1 C	

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	Example I		Example II	
The principal cause of importance were as	of death and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	12AV 6 19A9	1915	Attack of epilepsy	1 week ago
Chronic interstitial nepl	vrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	RUREAU	July 5,1927	Peritonitis	3 days ago
		,		
Other contributory ca	nuses of importance:		Other contributory causes of importance:	24
Gallstones		May 1,1923	Gastroenteritis	1 year
	The state of the s			

BINDIN

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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TH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. mation should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATHAN plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING N. B.-WRITE PLAINLY, V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	950 U4450
County Clashington	Registration Dist. No. 302
Village or City Yayelalow	No. 832 S. Potomoc St. 3 Ward
(lf	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmos,ds.
2. FULL NAME John Calvin O-	hoop
(a) Residence: (No.) Hoglistonia (Usual piace of abode)	St., 3 Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
male White married	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	, , , , , , , , , , , , , , , , , , , ,
(or) WIFE of Martha a, Shoop.	1 HEREBY CERTIFY, That lattended deceased from
6. DATE OF BIRTH (month, day, and year) 700, 21-18.56	I last say h Ann two on Opy 28 1983; death is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at $\sqrt{3}$ , $\sqrt{3}$ , $\sqrt{3}$ , $\sqrt{3}$
7/ 5 0 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	were es follows:
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month end	
SAW MILL, BANK, etc. Dealer	
Shaut III tills	
year) 4 Cocrupation	Dther Coutributory Causes of importance:
12. BIRTHPLACE (city or town) 2 gover Creek	Metal Recognitation
(State or country) Wash, C. M.	0
13. NAME Levi Shoop  14. BIRTHPLACE (city or town) Beaun Crelly	
2 14. BIRTHPLACE (city or town) / 2 cace Cells	Name of operation Date of
(State or country) Thack, Co. Md.	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Sarah 9 viv	23. If death was due to external causes (VIOL ENCE) fill In also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
The Tark of Co. Ma.	Where dld injury occur? (Specify city or town, county and State)
17, INFORMANT Mas Marthey Shoop	Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Hogystow Md. 8325, Polares	
Place Beaun Creek, Date May, 3, 19 33	Manner of injury
TIM A 12 KKG	V
19. UNDERTAKER (Address)	24. Was disease of filling in any way releted to occupation of deceased?
5/3/ 376 harth lovers	If so, specify
20, FILED / 5/ , POSE 100 F / South	(Signed) M. D. (Address) S325 Putnus
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH	93-0
County 71, ashing low	Registration Dist. No. 3 0.5
	by No Wesserval Home St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred / 1 yrsmos.	ds. How long in U.S. if of foreign birth?yrsmos,ds.
2. FULL NAME Susan Sisk	
(a) Residence: No. William after md:	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  JEST CONTROL OF DEATH  (Month) (Dey) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That lattended decessed from 16, 1933, to Specif 15, 1933
6. DATE OF BIRTH (month, dey, end yeer)  7. AGE  Years  Months  Days  If LESS than I dey,hrs.	to have occurred on the date stated above, et. 5. A. m.  The PRINCIPAL CAUSE OF DEATH and releted causes of importance
8 Trade profession or particular	were es follows:  Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Dete decesed lest worked at this occupetion (month and spent in this	Chronic Myocasaletis 1925
12. BIRTHPLACE (city or town) Berkely Springs (State or country)	Other Contributory Causes of importence:
# 13. NAME Jacob Kearns	
14. BIRTHPLACE (city or town) Morganic Co	Name of operation
(Stete of country)	Whet test confirmed diegnosis? Wes there an autopsy?
15. MAIDEN NAME Kistra Keeseckers  16. BIRTHPLACE (city or town) Margan Ca.  (State or country) Ct. Ta.	23. If deeth was due to externel ceuses (VIOL ENCE) fill In also the following:  Accident, suicide, or homicide?
17. INFORMANT Lev. Dovid P. Hetre (Address) Boonshoo Md. R. I	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL Plece 1 lians perf Deta Spirit 1933	Menner of injury
19. UNDERTAKER I JU Dant V Sond.  (Address) Booms boom Md.	24. Was disease or injury in any wey releted to occupation of deceased? No.
20. FILED Sprif: 20, 1923 Williams J- Dask Registrar.	(Signed) V. W. Liller M. D. (Address) 300 nsb o co

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County (1) ashing ton	Registration Dist. No. 38 2
Village or City Hagustour Route 2	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. it of foreign birth?
13 1	7' 10
The state of the s	) much
(a) residence: No. (Updal place of abode)	4 - St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
The state of the s	21. DATE OF DEATH
temale White Sign	(Month) (Day) , 193 (Year)
HUSBAND of	22. LHEREBY CERTIFY, That all aftended deceased from
(or) wire or	MOCK 10 1983, to MUQUAL 16 1988
6. DATE OF BIRTH (month, day, and year) March, 10-1933	I last saw hall alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
4   1 day,nrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as tollows:
8. Trade, protession, or particular kind of work done, as SPINNER,	Tun Farity and
SAWYER, BOOKKEEPER, etc	Call my gul on flowing
work was done, as SILK MILL, at home	940 WINDA HAMAN 11 HOLD
Spantin this	STONE AND PANALUMAN
year) occupation	Other Contributory Causes of Importance 1000 100
12. BIRTIPLACE (city or town) Tagustoun R. 2	Explanation of the second
	40MM/Wan
E S. WAINE	
(State or country)	Name of operation
15. MAIDEN NAME Soldie M. Soma	What test confirmed diagnosis? Was there an europsy?
5 16 BIRTHPLACE (city or town) Have a story	Accident, suicide, or homicide? Date of Injury 19
E (State or country) Wash, Co. Md.	Where did injury occur?
17. INFORMANT LOGY C. Smith	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Hageston Route 2	
	Manner of injury
17M ) B V V C	Nature of Injury
19. UNDERTAKER Dast Dast	24. Was disease or injury In any wey related to occupation of deceased?
11/5- 33 6/11/1/20-100	If so, specify (Signed) MALA (A) A (
20. FILED	(Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimole, Requesting V. S. No. 1.
	1. PLACE OF DEATH  County. I asking to the country. Village or City. Hagustown. Points 2. (II Length of residence in city or town where death occurred. After s

Br. allen Brown

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

# STATE OF MARYLAND-CERTIFICATE OF DEATH

04335

1. PLACE OF DEATH				<u> </u>
County Washing	ton			Registration Dist. No. 382
Village or City Hage	rstow			No. Washington County Hospistal 3 Wadeath occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME Lu		nyder		
(a) Residence: No. 102		V	reet.	St., S Ward.
				If nonresident give city or town and State
PERSONAL AND STA				MEDICAL CERTIFICATE OF DEATH
Female White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		fed, WfDOWED, (cwrite the word)	21. DATE OF DEATH  April 8, 1933.  (Month) (Day) (Year)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William R. Snyder				22. Abril 3, 1933 to Charles attended deceased for
6. DATE OF BIRTH (month, day, and year	Augu	st 28	1900	I last saw here alive on April 8, 19.33; death is:
7. AGE Years Mon	ths	Days / O	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 9:05Am.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
Nrade, profession, or particular kind of work done, as SPINN SAWYER, BOOKKEEPER, etc  Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc				of Right hand Jection Up.
12. BIRTHPLACE (city or town) Franklin County (State or country) Pa.			.y	Other Contributory Causes of importance:    Dishetes Mellitus   2
₩ 13. NAME U. S. Gra:	nt Su	mmers		
13. NAME U. S. Gra.  14. BIRTHPLACE (city or town) From (State or country)	ankli Pa	n Cour	ty	What test confirmed diagnosis? Quelture Was there an au'opsy?
15. MAIDEN NAME Lela	Brew	er		23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Lela Brewer  16. BIRTHPLACE (city or town) Franklin County  (State or country)  Pa			ıty	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
17. INFORMANT William B. Snyder, (Address) Hagerstown, Md.				(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Hagerstown.			10,,133.	Manner of injury
19. UNDERTAKER Fred W. (Address) Hagerst		ss, Md		24. Was disease or injury in any way related to occupation of deceased? No.  If se, specify  (Signed)
20. FILED. 7, 1917.7	Sua	4120	Registrar,	(Address) Hagerstown Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Registing U. S. No. 1.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week dgo
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis  Other contributory causes of importance:

STATE OF MARYLAND—	CERTIFICATE OF DEATH 04336
1. PLACE OF DEATH	44-2
County Washington	Registration Dist. No. 305
Village or City Net Cena	No. St Word
Length of residence in city or town where death occurred	f death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U. 9. if of foreign birth?yrsmosds.
2. FULL NAME Sarah Elizabeth Soud	
(a) Residence: No. 7 Ltt. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 4 193 33
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of 5 was be	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) Q - 10 - 1932	I last saw had alive on 1933 death is said
7. AGE Yeers Months Deys If LESS then	to heve occurred on the date state above, at 3 A m.
5 24 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of Importance were as follows:
_   8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as STLK MILL, SAW MILL, BANK, etc  10. Date deceased last worked et this occupation (month end	1 9 1
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Acut Repluitis.
Shellfill fill?	
70.4 6	Other Contributory Causes of Importance:
(State or country) (Lash, Co. md	Of the
	man- pot
13. NAME David Souders gr.  14. BIRTHPLACE (city or town) Nat: Luna	Name of operation Dete of
(State of country) Thash, Co. Md.	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Elsie Way Wilt  16. BIRTHPLACE (city or town) Harring	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Adutus	Accident, suicide, or homicide? Date of injury, 19
(State or country) Period	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT David Soudus Jr.	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Wit: Lena Date april: 6., 1933	Nature of injury
19. UNDERTAKER TIME Bast 4 Son	24. Was disease or injury in any way related to occupation of deceased?
(Address) Browslaw Md	If so, specify D A A A A A A A A A A A A A A A A A A
20. FILED april -4., 19.33 William . Bast	(Signed) Books M. D.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	, ·	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

*		

	746
County Washington	Registration Dist. No. 3//.
Village or City Dauplay	NoSt., Wa
Length of residence in city or town where death occurred	(If death occurred in a hospital or institution, give its NAME instead of street and number)
61 165	+ 1
2. FULL NAME Calvard C. O	lockslager
(a) Residence: No an play, Wach, Wash (Usual playe of abode)	Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOV OR DIVORCED (write the w	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cora U. Stockslague	22. Up HERLBY CERTIFY, That I attended deceased from 17 1933 to 193
5. DATE OF BIRTH (month, day, and year) Damery - 22	868 I last saw ham allve on appearance 17 1933; death is s
7: AGE Years Months Odys I LESS	
(00) 2 J Orm	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Blacksmith	man - Insula
9. Industry or business in which work was done, as SILK MILL,	1/11
SAW MILL, BANK, etc	
year) - Capril - 15-1933   occupation - 2	Other Contributory Causes of importance:
(State or country) Wash, Co. Md.	
	^
13. NAME (Vallam loteslage) 14. BIRTHPLACE (city or town) Dunkestonia	Name of operation
(State or country) wash, Co. Md.	What test confirmed diagnosis?
15. MAIOEN NAME Release Rowe  16. BIRTHPLACE (city or town) Marketile	23. If death was due to external causes (VIOLENCE) fill in also the following:
E /Chate on annulum 5	Accident, suicide, or homicide? Date of injury, 19
(State or country) Fred. O Co. md.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Shames Station Stocklage (Address)	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place & Dakeroulle Date Cepail-21-, 1	9.3.之. Nature of injury
19. UNDERTAKER () W Dast & Soy (Addiess) Doomsbood Tod.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 120. 20, 1933 & S. Bload	(Signed) / / / sohwny M

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	1	Example II	
The principal cause of death and related cause of importance were as follows:	S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURE	-3)		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

S. No.

N. B.

PLACE OF DEATH	STATE OF MARYLAND
County Wishington	CERTIFICATE OF DEATH
	Registration Dist. No. 302
Village or City gerstim (No. 1) ##	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.  MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH ————————————————————————————————————
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
4-19,1900	- 19-33,192 to 4-19-33,192
(Month) (Day) (Year)	that I last saw handlive on 4 1972,
7 AGE If LESS than	and that death occurred on the date stated above, atm,
l dayhrs.	The CAUSE OF DEATH * was as follows:
yrsds. ormin.?	
(a) Trade, profession or	frenchis 6 1/2 mm
particular kind of work	
(b) General nature of industry	01-120-13-14-14-14-14-14-14-14-14-14-14-14-14-14-
business, or establishment in which employed or (employer)	
9 BIRTHPLACE	Contributory
(State or country)	Secondary
I 10 NAME OF	(Defraige) yrsds,
FATHER Small & Months	(Signed) M. D.
II BIRTHPLACE	4-20 192 (Address) Hereland
Z (State or country)	*State the l'is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Level / Keller	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place In the
OF MOTHER (State or Country)	of deathyrsds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
7 1/8 8	Former or usual residence
(Informant) russely Maffer	19 PLACE OF BUBIAL OR REMOVAL DATE OF BURIAL
(Address) Sequential and ITF-0	Buhuard 479,132
15 - 4-1336 hast Bows	20 UNDERTAKER ADDRESS
Filed Registras	Father Hyperton ing
if more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S/10. 1.

04456

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs. state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness; that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. g: ged in domestic service for wages, as Screant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Forman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many whatever, write None. to report specifically the occupations of persons enlaborer, Housemaid, etc. If the occupation has been changed etc., Foreman, For many occupations a Farm lahorer, without more precise specification as Day For persons who have no occupation (4) Automobile factory. The material Laborer-Coal mine, etc. Wom-Salesman, single word or term on (6) The ques-Grocery;

Str terment of Cause of Death—Name, first, the DISEA. IN AUSING DEATH (the primary affection with respect to thise and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal length (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); I Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

stited unless important. Example: Measles (disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely taken. For violent deaths state means of injuny State cause for which surgical operation was under-"Puerperal septicaemia," "Puerperal peritonitis," diseases can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy," (E:haustion," "Heart failure," "Ilaemorrhage," (secondary Whooping cough; (Recommendations on statement of cause of death as fracture of skull, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi interstitial nephritis, (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as by Committee on Nomenclature of the " "Marasmus, " "Old Age, or intercurrent) affection need not be Chronic and consequences (e.g., sepsis valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH			157c)		
County Washingto	on data limi	TB GR	Registration Dist. No. 30 2		
Village or City Hagers	stown.		No. 9 Brenner Ave. st., w		
Length of residence in city or town where d	looth occurred	· ·	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?		
			100 100 100 100 100 100 100 100 100 100		
O P	Jane Ti				
(a) Residence: No. 9 Dreni	(Usual place		St., Ward.  If nonresident give city or town and State		
PERSONAL AND STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE Female White Single of Write the word)			21. DATE OF DEATH  April 27 ,193 (Year)  (Month) (Day) (Year)		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, That I attended deceased from		
A	pril 24	. 1933.	Hast saw h. C. alive on Effice 25 - 1953; deeth Is		
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months	pril 24	If LESS than	to have occurred on the dete stated above, et. 4 A.em.		
	9,	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance		
8. Trade, profession, or particular	1 5	1 01	Uate of of		
8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			bulvulare Se art Trumble		
9. Industry or business In which work was done, as SILK MILL,	Infan	t.			
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Total t	ime (years)			
o this occupation (month and year)		nt In this upation			
12. BIRTHPLACE (city or town) Hag	gerstown		Other Contributory Couses of importance:		
(State or country) Md	~				
13. NAME Harve	ey Turne	r.			
14. BIRTHPLACE (city or town)	₩. Va.		Name of operation		
(State or country)			What test confirmed diagnosis? Was there an aulopsy?		
15. MAIDEN NAME Mab	le Turne	er.	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?		
15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Magersto	)Wn.			
17. INFORMANT Harvey Turner. (Address) Hagerstown.			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL ROSE Hill Ceme	et Date Apr	ril 28 <sub>19</sub> 3	Manner of Injury		
Fred W.K.	raiss.		24. Was disease or injury in any wey related to occupation of deceased?		
19. UNDERTAKER Hagers	tewn, Me	1.	If so, specify		
100 SUSD 4-27- 1033 69	with	orceaso	(Signed) Man Gurlon		
20. FILED		Registrar.	(Address) Sugarbown mil.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II		
The principal cause of death and related cau of importance were as follows:	ISES Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
LEAREN	7.6.			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—		9
1. PLACE OF DEATH	920 311	
County Washington	Registration Dist. No.	
Village or williamsport and	No	Vard
Length of residence in city or town where death occurred	ds. How long In U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME Susie Evelyn Turner (a) Residence: No. Fenton Ave Williamspo	ortst.,Md Ward.  If nonresident give city or town and State	,
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH	r)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Turner  6. DATE OF BIRTH (month, day, and year)	22. NAT. 2 1,1933, to April 1,1933; death is	
7 ACF Years   Months   Days   If LESS than	to have occurred on the date steted above, atm.	
about 31 11 11 11 11 1 1dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. thoustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and 1932 spentin third if experiences).	Cerebral embalacs 3-2;	7-33
12. BIRTHPLACE (city or town) Jury Va (State or country)	Other Contributory Causes of Importence:	
13. NAME J. W. T. BOWMON	mitral insufficiency !	
13. NAME J. W. T. Bowman  14. BIRTHPLACE (city or town)  (Stete or country arrol Co Md.	Name of operation Date of Was there en au'opsy?	
	23. If death was due to external causes (VIOLENCE) fill In also the following:	
15. MAIDEN NAME Mory Lee Pudder  16. BIRTHPLACE (city or town) Carrol Co Md  (State or country)	Accident, suicide, or homicide?	
Jacob Turner 17. INFDRMANT (Address) Curfmansville Md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
PlecWilliamsport Md Dete April 12.19-33	Nature of injury	
19. UNDERTAKER Albert Leaf (Address) William port Md	24. Was disease or injury in any way related to occupation of deceesed? 20	•
20. FILED April 1 19933 le le Rickard Registrar.	(Signed) (LOD) Jase (Address) (Mush of M)	_M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example II	
death and related causes follows:	Date of onset
	1 week ago
	1 week ago
	3 days ago
ses of importance:	1 year

4 9 4	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- state UPA-	A PLACE OF DEATH	W4310
of old	County // galyngton	Registration Dist. No. 300
item of should of OCC	Village or City United Com Ma.	ND. St, Ward
= 0 /	Length of residence in city or town where death occurred vrs.	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. W of tyreign birth? yrsmos ds.
CORD. Every PHYSICIANS oct statement	2. FULL NAME LOTHER & lakes	In fort den Durches la III.
D. 1 SIC tate	(a) Residence: No.	St., Ward. Ward.
RECORD. PHYS: Exact sta	(Usual place of abode)	If noppositions give city or town and State  MEDICAL CERTIFICATE OF DEATH
X X	PERSONAL AND STATISTICAL PARTICULARS  3.SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
	Male Trails OR, DIVORCED (write the word)	(Month) (Day) (Year)
ANEN CTL ssifted.	5a. ff married, widowed, or divorced HUSBAND of	
	(or) WIFE of	1 HEREBY CERTIFY, That I attended deceased from
	6. DATE OF BIRTH (month, day, and year) Mar 4=1933	Mast saw h malive on 21 - 23 103 ; death is said
P P ed erly	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4.50 Am.
IS A PE stated E properly certificate	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Oate of onset
HIS he s	8. Trade, profession, or particular kind of work done, as SPINNER,	Dout prouch to
	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10, Date deceased jest worked et this occupation (month and	Chamilton Man
K—T hould may back	work was done, as SILK MILL, SAW MILL, BANK, etc.	
INI E sh at it	O 10. Date deceased lest worked et this occupation (month and year)	
NFADING I. pplied. AGE erms, so that instructions of	Martin Town head	Butt Water all mortes and
ADINA d. d. so s, so	12. BIRTHPLACE (city or town) (State or county)	as toher R. Hickes - wo which
UNFA upplied terms,	13. NAME LOhn & Vaugher	note of they is also know;
D to a	14. BIRTH LACE (city or town) tag will on the state of th	Name of operation
Illy pla	m   State of county of the cou	What test confirmed diagnosis? Was there an autopsy?
in in ann	15. MAIDEN NAME  16. BIRTHPLACE (city or towns) 15. MAIDEN NAME  (State or country) 15. MAIDEN NAME	23. If death was due to external causes (VIOL ENCE) fill In also the following:  Accident, suicide, or homicide?
NLY, be ca gATH mpor	O 16. BIRTHPLACE (city or township)	Where did Injury occur?
	17. INFORMANT DAY & Dougler	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.
E PLA should OF D	(Address) Sharps burg Ma	
re sh E C	18. BURIAL, OFFINATION, OF REMOVAL	Manner of injury
WRITE mation s CAUSE TION is	000 d ~ 0	Nature of injury
CA	19, UNDERTAKER (Addiess)	24. Was disease er injury in any way related to occupation of deceased?
B.	4/55 35 8:019	(Signed) Walling H. Then D. M. D.
Z	20. FILED / 1933 Registrar.	(Address) Sharpoling, hts.
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 near

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, ctc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
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